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8 **BEFORE THE**
BOARD OF REGISTERED NURSING
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. **2010-300**

12 **GRACE ANNE MCMEEKIN**
13 **aka GRACE ANNE PATTEE MCMEEKIN**
1762 Crystal Canyon Dr.
Azusa, CA 91702

ACCUSATION

14 Registered Nurse License No. 122088

15 Respondent.
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18 Complainant alleges:

19 **PARTIES**

20 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her
21 official capacity as the Interim Executive Officer of the Board of Registered Nursing, Department
22 of Consumer Affairs.

23 2. On or about November 20, 1959, the Board of Registered Nursing (Board) issued
24 Registered Nurse License No. 122088 to Grace Anne McMeekin aka Grace Anne Pattee
25 McMeekin (Respondent). The Registered Nurse License was in full force and effect at all times
26 relevant to the charges brought herein and will expire on August 31, 2011, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board, Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

STATUTORY PROVISIONS

4. Section 118, subdivision (b), provides that the suspension, expiration, surrender or cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

5. Section 2750 provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

6. Section 2761 states, in pertinent part:

"The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

"(a) Unprofessional conduct, which includes, but is not limited to, the following:

"(1) Incompetence, or gross negligence in carrying out usual certified or licensed nursing functions. . . ."

7. Section 2764 provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license. Under section 2811, subdivision (b), the Board may renew an expired license at any time within eight years after the expiration.

REGULATORY PROVISIONS

8. California Code of Regulations, title 16, section 1442, states:

"As used in Section 2761 of the code, 'gross negligence' includes an extreme departure from the standard of care which, under similar circumstances, would have ordinarily been exercised by a competent registered nurse. Such an extreme departure means the repeated failure to provide nursing care as required or failure to provide care or to exercise ordinary precaution in a single

1 situation which the nurse knew, or should have known, could have jeopardized the client's health
2 or life."

3 9. California Code of Regulations, title 16, section 1443, states:

4 "As used in Section 2761 of the code, 'incompetence' means the lack of possession of or the
5 failure to exercise that degree of learning, skill, care and experience ordinarily possessed and
6 exercised by a competent registered nurse as described in Section 1443.5."

7 10. California Code of Regulations, title 16, section 1443.5 states:

8 "A registered nurse shall be considered to be competent when he/she consistently
9 demonstrates the ability to transfer scientific knowledge from social, biological and physical
10 sciences in applying the nursing process, as follows:

11 "(1) Formulates a nursing diagnosis through observation of the client's physical condition
12 and behavior, and through interpretation of information obtained from the client and others,
13 including the health team.

14 "(2) Formulates a care plan, in collaboration with the client, which ensures that direct and
15 indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and
16 for disease prevention and restorative measures.

17 "(3) Performs skills essential to the kind of nursing action to be taken, explains the health
18 treatment to the client and family and teaches the client and family how to care for the client's
19 health needs.

20 "(4) Delegates tasks to subordinates based on the legal scopes of practice of the
21 subordinates and on the preparation and capability needed in the tasks to be delegated, and
22 effectively supervises nursing care being given by subordinates.

23 "(5) Evaluates the effectiveness of the care plan through observation of the client's
24 physical condition and behavior, signs and symptoms of illness, and reactions to treatment and
25 through communication with the client and health team members, and modifies the plan as
26 needed.

27 "(6) Acts as the client's advocate, as circumstances require, by initiating action to improve
28 health care or to change decisions or activities which are against the interests or wishes of the

1 client, and by giving the client the opportunity to make informed decisions about health care
2 before it is provided."

3 COST RECOVERY

4 11. Section 125.3 provides, in pertinent part, that the Board may request the
5 administrative law judge to direct a licensee found to have committed a violation or violations of
6 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
7 enforcement of the case.

8 PATIENT A.C.

9 12. In 2006, Patient A.C., male, age 22, was involved in an accident from which he
10 became addicted to prescription medications. Patient A.C. was a student, and lived with his
11 parents. On or about April 10, 2008, Respondent obtained medications from his pharmacy: 90 -
12 30mg Oxycodone¹ (2,700mg), 60 - 2mg Alprazolam (Xanax²) (120mg), and 100 - 600mg
13 Ibuprofen (60,000mg). On or about April 13, 2008, Respondent reported to his counselor at
14 Action Family that he had relapsed. Respondent was in an outpatient treatment plan at Action
15 Family for the last three (3) months. Patient A.C. agreed to try inpatient treatment for his
16 addiction. Patient A.C.'s counselor arranged inpatient treatment at Aurora Las Encinas Hospital,
17 2900 E. Del Mar Blvd., Pasadena, California.

18 13. On or about April 13, 2008, at 18:00 (6:00 pm), Patient A.C., a 23 year old male,
19 voluntarily presented himself to Aurora Las Encinas Hospital (ALEH), Pasadena, California, for
20 admission for treatment of addiction to Oxycodone and Xanax. Patient A.C., his family and
21 friends arrived and stayed with Patient A.C., leaving at approximately 21:30 (9:30 pm). Patient
22 A.C. was assigned to the Briar unit at ALEH. Respondent was the RN on duty for the unit having
23 13 patients. Respondent's duty was to assess Patient A.C. physically and mentally, and contact
24 the physician for protocol direction. When Respondent observed and documented Patient A.C.'s

25 ¹ Oxycodone is a synthetic opioid analgesic commonly prescribed for acute and chronic
26 pain. It is a potent opiate that can cause intense euphoria, relaxation, and sedation. Its analgesic
27 properties are similar to those of morphine. The primary adverse (toxic) effect is respiratory
28 depression, but others include apnea, respiratory arrest, circulatory depression, hypotension, and
shock.

² Xanax, a brand name for alprazolam, is an anti-anxiety benzodiazepine.

1 signs and symptoms of withdrawal, she was to begin the directed withdrawal protocol.

2 14. ALEH's six (6) page initial assessment of Patient A.C. recorded that Patient A.C. had
3 no ideations of suicide. Patient A.C. had relapsed from being 47 days sober, at that point in time.
4 Patient A.C. in the past had tried dependency detoxification (detox), and experienced withdrawal
5 symptoms of vomiting, tingling, tremors, and diarrhea, and he used medication to minimize the
6 detox symptoms. Patient A.C. in anticipation of the painful detox symptoms, prior to his
7 admission to ALEH, ingested excessive amounts of his available pharmaceuticals. At the
8 minimum, Patient A.C. had in his system approximately 90-150 mg Oxycodone prior to or at the
9 time he met with his counselor at Action Family, and approximately another 120-180 mg
10 Oxycodone and 8-10 mg Xanax prior to presenting himself to ALEH for the detox admission
11 process. Respondent documented Patient A.C. as: having a respiratory rate of 16, "Pt intoxicated
12 & appears drowsy" and "Pt currently intoxicated." Respondent assessed Patient A.C. as having
13 no withdrawal symptoms. Respondent signed Patient A.C.'s initial assessment as the RN
14 Completing the Assessment.

15 15. At ALEH's Briar unit, Respondent's assistant took Patient A.C.'s vitals and recorded
16 a respiratory rate of 10, just prior to Respondent performing her "mini-assessment" of Patient
17 A.C. and recording the following: "Oxycontin - Xanax, Clean 45 days - relapsed then clean again
18 & relapse. 1-Oxycodone 9 30 mg tabs [270mg Oxycodone currently in Pt's system] & [2-] 8 mg
19 Xanax [8 mg Xanax currently in Pt's system] . . . Pt under the influence with slurred speech &
20 kept nodding off during the interview."

21 16. On or about April 13, 2008, at approximately 20:00 (8:00 pm), prior to completing
22 Patient A.C.'s requisite full assessment documentation, Respondent telephoned Barry Blum,
23 M.D., Patient A.C.'s attending physician for medication orders. At 20:30 (8:30 pm), thirty
24 minutes after telephoning Dr. Blum, Respondent was aware that Patient A.C. was under the
25 influence of 270 mg Oxycodone, 270 mg and 8 mg Xanax. Respondent, a registered nurse for
26 approximately 49 years, was aware and ignored the fact that Patient A.C. was under the influence
27 and that the reason he was not experiencing withdrawal symptoms was that Patient A.C. had self-
28 medicated to avoid withdrawal symptoms and Respondent should have acted accordingly.

1 Instead, between about 20:30 (8:30 pm) and her end of shift 23:30 (11:30 pm), Respondent
2 completed Patient A.C.'s assessment symptoms for the previously received medication orders and
3 continued to complete Patient A.C.'s detox assessment forms recording her assessments that
4 Patient A.C. was suitable for detox.

5 17. On or about April 13, 2008, under Respondent's direction, Patient A.C. was
6 administered detox medications as follows:

<u>Time</u>	<u>Medication</u>
20:15	Catapres TTS ³ 3 patch to his chest
21:00	Motrin ⁴ 600mg
21:00	Robaxin ⁵ 750mg
21:00	Bentyl ⁶ 20mg
21:00	Neurontin ⁷ 200mg
23:00	Phenobarbital ⁸ 60mg

14 18. On or about April 14, 2008, at 7:45 am, patient A.C. was pronounced dead.
15 (Pasadena Police Department Injury and Death Report records that Paramedics, Engine 37,
16 Sato/Scott pronounced patient A.C.'s time of death and initiated Coroner Case No. 2008-02879.)

17 19. The Coroner's report shows Patient A.C.'s "death is from polymedications overdose"
18 and "Toxicology: overdose levels of Oxycodone plus other medications at therapeutic levels."

FIRST CAUSE FOR DISCIPLINE

21 ³ Catapres TTS 3 patch, clonidine – transdermal, is used to treat high blood pressure and
22 may also be used to ease withdrawal symptoms associated with the long-term use of narcotics,
alcohol and nicotine (smoking).

23 ⁴ Motrin, a trade name for Ibuprofen, belongs to a drug class called nonsteroidal anti-
inflammatory drugs (NSAIDs). This drug is used in the management of mild to moderate pain,
fever, and inflammation.

24 ⁵ Robaxin, a brand name for methocarbamol, is a medication that relaxes muscles.

25 ⁶ Bentyl, a brand name for dicyclomine, a drug used to treat irritable bowel syndrome
(IBS). It has a direct relaxing effect on muscle to reduce contraction of the muscles in the
intestines

26 ⁷ Neurontin, a brand name for gabapentin, is an anticonvulsant that is used for preventing
seizures and reducing pain-related responses.

27 ⁸ Phenobarbital is a barbiturate used to treat and prevent seizures, to treat sleep disorders,
28 to treat anxiety and to relieve anxiety.

(Gross Negligence)

20. Respondent is subject to disciplinary action under section 2761, subdivision (a)(1), on the grounds of unprofessional conduct, in conjunction with California Code of Regulations, title 16, section 1442, in that on or about April 13, 2008, Respondent was grossly negligent in the care of Patient A.C. as follows:

a. Respondent failed to complete a full head-to-toe nursing assessment consistent for a new admission who was under the influence of controlled substances prior to telephoning the physician with the patient's status;

b. Respondent failed as an ordinarily reasonable, responsible, and prudent nurse to request, at the minimum, that Patient A.C.'s medications be held until he could be medically screened by a physician; and,

c. Respondent administered central nervous system (CNS) depressant medications to Patient A.C. while he was under the influence of controlled substances, and had a reported respiratory rate of 10.

Complainant refers to and by this reference incorporates the allegations set forth above in paragraphs 12 - 19, inclusive, as though set forth fully.

SECOND CAUSE FOR DISCIPLINE

(Incompetence)

21. Respondent is subject to disciplinary action under section 2761, subdivision (a)(1), on the grounds of unprofessional conduct, in conjunction with California Code of Regulations, title 16, sections 1443 and 1443.5, in that on or about April 13, 2008, Respondent failed to exercise the degree of learning, skill, care and experience ordinarily possessed and exercised by a competent registered nurse with regard to the care of Patient A.C. Complainant refers to and by this reference incorporates the allegations set forth above in paragraphs 12 - 20, inclusive, as though set forth fully.

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1 PRIOR DISCIPLINARY MATTERS

2 22. Complainant alleges that Respondent was the subject of prior Board discipline as
3 follows:

4 a. On or about May 3, 1971, the effective date of Decision before the Board in a
5 disciplinary matter entitled *In the Matter of the Accusation Against: Grace McMeekin, R.N. alias*
6 *Grace Anne Pattee*, Case No. 71-15, for violating section 2762, subdivisions (a) and (c) [obtained
7 and possessed by means of making false entries in hospital records the controlled substance and
8 dangerous drug Talwin], Respondent's license was revoked, with the revocation immediately
9 stayed, and she was placed on five (5) years probation. The matter is complete and final, and
10 made a part hereof by this reference.

11 b. On or about February 18, 1973, the effective date of Decision before the Board in a
12 disciplinary matter entitled *In the Matter of the Accusation and Petition to Terminate Probation*
13 *Against: Grace McMeekin, R.N. alias Grace Anne Pattee*, Case No. 73-16, for violating section
14 2762, subdivision (a) [obtained and possessed a controlled substance, Talwin], the revocation
15 granted in Decision 71-15 was set aside and Respondent's license was revoked, with the
16 revocation immediately stayed, and she was placed on five (5) years probation. The matter is
17 complete and final, and made a part hereof by this reference.

18 PRAYER

19 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
20 and that following the hearing, the Board issue a decision:

- 21 1. Revoking or suspending Registered Nurse License No. 122088, issued to Respondent;
22 2. Ordering Respondent to pay the Board the reasonable costs of the investigation and
23 enforcement of this case, pursuant to section 125.3; and,

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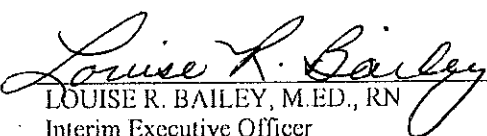
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3. Taking such other and further action as deemed necessary and proper.

DATED: 12/16/09



LOUISE R. BAILEY, M.ED., RN
Interim Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

LA2009603067